



TEACH-OUT AGREEMENT FORM

The form approval process may take up to **eight** weeks for review and approval.

This form is to be submitted by an institution or program seeking to teach-out an ABHES approved program. An institution that enters into a teach-out agreement with any other institution, either on its own or at the discretion or request of ABHES or any other agency or authority, must submit that teach-out agreement to ABHES for approval using the required *Teach-Out Agreement Form* in accordance with Chapter III, Section A, Subsection 7 of the *Accreditation Manual*.

Please review carefully and provide all the requested information. Incomplete forms will be returned for resubmission, which will delay the review process.

1. GENERAL INFORMATION:

NAME OF INSTITUTION:

ABHES ID#:

NAME OF PRIMARY

CONTACT:

(SPECIFY DR., MR., MS., MRS.) **TITLE:**

EMAIL ADDRESS: **DIRECT PHONE #:**

A. This form is being submitted for the following occurrences (check all that apply):

- The institution or program is ceasing program enrollment and is conducting a self teach-out.
- The institution or program is conducting a teach-out with another institution(s).
- The institution or program has been directed by the Commission to execute a teach-out.
- The institution is closing (please also complete and submit the [Campus Closure Form](#) – see Exhibit 3).

B. Is the institution accredited by any other agency?

Yes No N/A

If yes, the agency is:

2. PROGRAM INFORMATION:

Please complete the table below for ABHES-approved program(s) that are included in this teach-out agreement:

Program Name	In Class Clock Hours	Recognized Outside Clock Hours	Total Clock Hours	Length In Weeks	Academic Credit Hours*	Method of Delivery	Credential Awarded	Date Enrollment Ceased	Date of Last Start	Anticipated Graduation Date
					<input type="checkbox"/> Quarter <input type="checkbox"/> Semester					
						Method of Delivery				
						Method of Delivery				
						Method of Delivery				
						Method of Delivery				

*Based on required academic conversions outlined in IV.G.1.a. of the *Accreditation Manual*.

A. Are any program(s) listed above programmatically accredited by any other agency?

Yes No

If yes, the agency(ies) is/are:

3. TEACH-OUT AGREEMENT INFORMATION:

The teach-out of students may be accomplished by the institution or program that ceases operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed in Chapter III, Section A, Subsection 7 of the *Accreditation Manual* are met. The teach-out agreement must be consistent with applicable standards and regulations and provide for the equitable treatment of students.

If the institution or program is conducting a self teach-out, please answer questions F - M.

If the institution or program is conducting a teach-out with another institution(s), please answer questions A - M.

A. If the teach-out will take place at another institution, please complete the table below:

Name of Institution	Address	City	State	Zip	Name of Comparable Program	Total Clock Hours	Academic Credit Hours <input type="checkbox"/> Quarter <input type="checkbox"/> Semester	Method of Delivery	Credential Awarded	Distance Between Institutions (in mileage)

B. If there are no viable institutions, either on-ground or via distance education, that offer similar program(s) to those listed in Section 2, please explain.

- C. Is the teach-out institution accredited by an accrediting agency recognized by the U.S. Department of Education?
 Yes No
If yes, which accrediting agency(ies):
If no, ABHES will approve the teach-out agreement only if the agreement is with an institution that is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.
- D. If conducting the teach-out with another institution, describe how the number and types of credits the teach-out institution will accept prior to the student's enrollment.
- E. Provide a clear statement about tuition and fees of the educational program(s) at the teach-out institution.
- F. Describe how the teach-out institution has the capacity to carry out its mission and meets all obligations to existing students.
- G. Describe how the teach-out institution has the necessary experience, resources, and support services to provide educational program(s) that are of acceptable quality and reasonably similar in content, structure, and scheduling to those provided by the institution or program that has ceased operations either entirely or at one of its locations. This includes graduate's access to the same credentialing exams, as applicable.
- H. Describe how the institution will ensure compliance for program management, faculty qualifications, and student to teacher ratios throughout the teach-out.
- I. Describe how students are provided access to the program and services without requiring them to move or travel substantial distances or durations.
- J. Describe how students are provided information about any additional charges.
- K. Describe how students will be provided with written notification regarding their rights and opportunities for teach-out, transfer, and refunds.
- L. Describe the plan to provide all potentially eligible student with information on obtaining a closed school discharge or information on state refund policies.
- M. Describe the record retention plan that includes the location where student records (academic and financial records) will be maintained at the conclusion of the teach-out. The institution or program must include a contact phone number and address. Describe how the record retention plan is communicated to all impacted students.

4. REQUIRED EXHIBITS:



Please attach the following information to this form:

Exhibit 1	A listing of all current students by program to include: mailing address; telephone number(s); email address(es); program start date; estimated completion date; total clock hours and/or credits earned to date; total clock hours and/or credits outstanding; and any financial responsibilities (unearned tuition, credit balance refund due, to whom the refund is due, or additional charges pending if tuition is not paid in full).
Exhibit 2	Provide a draft of the institution's or program's disclosure to enrolled students acknowledging the teach-out agreement (Section 2, J-L). The draft must include information as to how and where the disclosure will be made readily available to students.
Exhibit 3	A fully executed Teach-Out Agreement, if the teach-out is being completed through another institution.
Exhibit 4	A completed Campus Closure Form , if applicable.

5. CERTIFICATION:

I certify to the best of my knowledge that the information submitted within this form is current and correct. I understand that it is the school's responsibility to demonstrate compliance with the ABHES Accreditation Standards as outlined in the [Accreditation Manual](#) and that the Commission's deliberations and decisions are made on the basis of the written record.

I understand that failure to evidence the information provided herein and attached hereto this application may result in a delay and/or the Commission taking a negative action.

Authorized Signature:			
NAME:	Click or tap here to enter text.	TITLE:	Click or tap here to enter text.
SIGNATURE:	Click or tap here to enter text.	DATE:	Click or tap to enter a date.

SUBMISSION REQUIREMENTS

The completed form must be submitted as one seamless Portable Document Format (.pdf) file to ABHES online via [DropBox Applications](#). The form may not be submitted to the Commission via e-mail. The file name must include the ABHES ID#, Teach-Out Agreement Form, and date of submission (ex: I-100_ Teach-Out Agreement_72022).